



**MONTHLY BILLING COVER SHEET**  
**School Year 2009-2010**

**School** \_\_\_\_\_

**Month of Service** \_\_\_\_\_ **Invoice Number** \_\_\_\_\_

**Number of Students** \_\_\_\_\_

**Total Invoice Amount** \$ \_\_\_\_\_

**Total Tuition Costs** \$ \_\_\_\_\_

**Total Room and Board Costs** \$ \_\_\_\_\_

**Total Assessments/Evaluation Costs** \$ \_\_\_\_\_

**Total Related Service Costs** \$ \_\_\_\_\_

Submitted by: \_\_\_\_\_ (Name)

\_\_\_\_\_ (Title)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Contact Number)

\_\_\_\_\_ (Email)

\_\_\_\_\_ (Date)

Please submit invoices to the following addresses:

***Postmarked Invoices (U.S. Mail)***

Non Public Payment Program

P.O. Box 77167

Washington D.C. 20013-8167

***Hand Deliveries/Express Mail***

Non Public Payment Program

Office of the Chief Financial Officer

Office of the State Superintendent of Education

441 4<sup>th</sup> Street NW, Suite 350 North

Washington, DC 20001